Case 23-13316-ABA Doc 25 Filed 07/23/23 Entered 07/23/23 12:32:48 Desc Main Document Page 1 of 2

F744									
	in this information to identify your care								
Dei	otor 1 Tristan R Ra	ines			_				
	otor 2								
Uni	ted States Bankruptcy Court for the:	DISTRICT OF NEW J	ERSEY, CAMDEN	DIVISION	_				
1	se number 23-13316				Check if thi	s is:			
(If kr	nown)					An ame	nded filing		
L							ement showir as of the follo	ng postpetition opwing date:	chapter 13
0	fficial Form 106l					MM / D	D/ YYYY		
S	chedule I: Your Inco	ome							12/15
atta Pai	•								
1.	Fill in your employment information.		Debtor 1	Debt	Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			■ E	■ Employed		
			☐ Not employed			□N	ot employed		
		Occupation	Roadway Maitenance						
	Include part-time, seasonal, or self-employed work.	Employer's name	NJDOT						
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed th	nere? 7 year	rs					
Pai	t 2: Give Details About Mont	thly Income							
	mate monthly income as of the dat ss you are separated.	te you file this form. If y	ou have nothing to re	eport for ar	ny line	e, write \$0 in the	space. Inclu	de your non-filir	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this forn		oine the information f	or all empl	oyers	s for that person	on the lines	below. If you ne	ed more
						For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$	4,225.0	<u>0</u> \$	0.00	
3.	Estimate and list monthly overting	те рау.		3.	+\$	0.0	<u> </u>	0.00	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	4,225.00	\$	0.00	

Official Form 106l Schedule I: Your Income page 1

Debtor	Raines, Tristan R		Case number (if known)		23-13316			
				Debtor 1	For Debtor non-filing s	spouse		
C	Copy line 4 here	4.	\$_	4,225.00	\$	0.00		
5. L	ist all payroll deductions:							
5	a. Tax, Medicare, and Social Security deductions	5a.	\$	975.00	\$	0.00		
5	b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00		
	c. Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00		
	d. Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00		
	e. Insurance	5e.	\$_	0.00	\$	0.00		
	f. Domestic support obligations	5f.	\$_	0.00	\$	0.00		
	g. Union dues	5g.	\$_	0.00		0.00		
	h. Other deductions. Specify:	5h.+	\$_		+ \$	0.00		
	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u> </u>	975.00	\$	0.00		
7. C	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,250.00	\$	0.00		
	List all other income regularly received: All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00		
8	b. Interest and dividends	8b.	\$	0.00	\$	0.00		
8	c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00		
8	d. Unemployment compensation	8d.	\$	0.00	\$	0.00		
8	e. Social Security	8e.	\$	0.00	\$	0.00		
81	If. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00		
8	g. Pension or retirement income	— _{8g.}	<u> </u>	0.00	\$	0.00		
8	th. Other monthly income. Specify: Kretchmar	8h.+	\$_		+ \$	0.00		
	Naptime and Birch		\$	0.00	\$	200.00		
9. A	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	300.00	\$	200.00		
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$;	3,550.00 + \$_	200.00	= \$ 3,750.00		
Ir of D	State all other regular contributions to the expenses that you list in Schedule include contributions from an unmarried partner, members of your household, your dother friends or relatives. To not include any amounts already included in lines 2-10 or amounts that are not average.	ependent		•		+\$0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.								
	3. Do you expect an increase or decrease within the year after you file this form? ■ No. □ Yes. Explain:							